

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

19356

4853

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1274a Hodiamont		Length of stay in lb 5 yrs.		STREET ADDRESS 1274a Hodiamont		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HEN Middle TALLER Last				4. DATE OF DEATH Month May Day 23, 1957 Year			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH September 1885	
9. AGE (In years last birthday) 25.7		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Israel Taller				14. MOTHER'S MAIDEN NAME Mildred Reva			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-26-9921		17. INFORMANT Address Mayer Taller 735 Leland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) 420.1 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 72 HOURS.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from MAY 17, 1957 to MAY 23, 1957 and last saw her alive on MAY 23, 1957 Death occurred at 4:50 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Orville O. White M.D. M.D.				22b. ADDRESS 1194 Hodiamont 11.94 HODIAMONT AVE			
22c. DATE SIGNED 5/23/57				23a. BURIAL, CREMATION, REMAINS (Specify) Buried			
23b. DATE 5/24/57		23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		23d. LOCATION (City, town, or county) (State) University City, Mo			
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson		ADDRESS 25. DATE RECD. BY LOCAL REG. MAY 23 '57		26. REGISTRAR'S SIGNATURE Carl Smith M.D.			

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BTM

U.S. DEPT OF JUSTICE

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Revised

relist listed

488-56-9851 Mayer, Walter "after" 335 Leifman

OM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined and found fit for burial by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Guio J. Zardus
Licensed Embalmer No. 4

Licensed Embalmer No.

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, facts should be so stated above. 72/45

Berger Memorial AIDS Memorial